DOCUMENT RESUME

ED 299 495 CG 021 141

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TITLE Identification, Prevention, and Treatment of the Suicidal Adolescent and Societal Attitudes toward Suicide.
PUB DATE Apr 88
NOTE 46p.; Exit Project, Indiana University at South Bend.
PUB TYPE Information Analyses (070) -- Reference Materials - Bibliographies (131) -- Dissertations/Theses - Undetermined (040)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adolescents; Counseling Services; Elementary Schools; Elementary Secondary Education; High Risk Students; Intervention; *Prevention; School Counseling; *Secondary Schools; Social Attitudes; *Suicide; Teachers

ABSTRACT

This document reviews the literature on adolescent suicide, focusing on factors and warning signs leading to suicide. After a brief introduction, 10 terms such as "adolescent" and "suicide" are defined. Sixteen annotations of articles on the identification of the suicidal adolescent are presented. Eighteen annotations of articles on the prevention of adolescent suicide are included. Seven annotations of articles on the treatment of suicidal adolescents and suicide ideators are presented. Eleven annotations of articles on societal attitudes toward suicide are included. After a summary of the literature review, these conclusions are stated: (1) the necessity of education regarding the myths of suicide was recognized; (2) program development for staff to provide information and education was recommended; (3) teachers and school personnel are in the best position to perceive suicidal tendencies since they spend so much time with adolescents; (4) sociological factors played a major part in the the vulnerability of adolescents' feelings; (5) alcohol and drug abuse, as well as depression, were found to have a significant relationship to suicide; (6) the family should be included as part of the treatment program for suicide attempters; (7) television broadcasts did cause imitative suicides; (8) tests predicting suicidal behavior were found to provide significant enough correlations to warrant use of the tests; (9) school prevention, intervention and response plans were recommended; (10) follow-up counseling for suicide attempters and survivors is needed; and (11) there appears to be a trend of more tolerance toward suicide. Four recommendations for schools and teachers in the area of education about suicide and prevention and response to suicide are presented. (ABL)

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IDENTIFICATION, PREVENTION, AND TREATMENT OF THE SUICIDAL ADOLESCENT

AND

SOCIETAL ATTITUDES TOWARD SUICIDE

by

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Submitted in partial fulfillment of the requirements

for the course S591--Exit Project

Indiana University at South Bend

April, 1988

CG 021141

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INTRODUCTION

Each year over 5,000 adolescents between the ages of 15 and 24 commit suicide. Suicide has become the second leading cause of death in this particular age group, even though it is suspected that not all suicide deaths are counted because many have been reported as accidents to spare the survivors unnecessary grief (Ojanlatva, et al., 181). The suicide rate has risen 44 percent since 1970 (Baucom, 157). Every year since 1949 the suicide rate for each birth group has increased (Rickgarn, 128).

These statistics point out the tremendous need to be able to recognize the factors and warning signals that precede a suicide attempt. More often than not, those closest to the suicidal adolescent overlook the warning signs due to a lack of education. This includes friends, parents, and teachers (Allen, 283). Since teachers and other school officials spend so much time with adolescents, they are often the first to encounter that person who is suicidal. Knowing the warning signs can enable the teacher to assess the situation and implement prevention or intervention techniques before referring the adolescent to a counselor who can proceed further.

Schools are not mental health agencies, and as a result formal counseling services are not well-developed (Greuling, et al., 595). However, schools need to be prepared to do all that is possible to prevent, intervene, and respond to suicide. Since the school serves as the center of so many different activities, it can also be the meeting ground for those programs dealing with suicide. It is

necessary for the school to branch out into the community and create a network of support from the parents and the community at large (Konet, 54).

STATEMENT OF THE PROBLEM

With the increase of suicide among adolescents, it has become important for parents, teachers, administrators, and those involved with young people to be able to understand how to deal effectively with those adolescents who exhibit suicidal tendencies.

PURPOSE OF THE STUDY

The purpose of this study was to review the literature on adolescent suicide to provide information on the factors and warning signs leading to suicide. If a student exhibited self-destructive behavior, intervention techniques could then be used. The intent was to develop a source for those educators who desired to know more about the subject of suicide and how to help students cope with the loss of a classmate.

LIMITATIONS OF THE STUDY

This study is limited in its capacity to answer all the questions an individual might have in relation to adolescent suicide. Over 64,000 articles have been written about suicide, and those reviewed in this study are but a minute part of all the information available. This study can be a start for answering some of the questions that might be posed.

ORGANIZATION OF THE STUDY

This study has been divided into four parts. The first part focuses on the identification of a suicidal adolescent. Included in this section are the myths surrounding suicide, the factors that contribute to suicide, and the warnings signs of a suicidal adolescent.

The second part centers around prevention and intervention programs that can be used to respond to suicidal behavior. A number of tests designed to predict suicidal tendencies are contained in this section.

Treatment of the suicide attempter and the survivors of a suicide comprise the third part of the study.

The final part deals with the attitude of society toward suicide. The feelings of society toward the suicide attempter and the surviving family members are examined in a number of articles.

GLOSSARY

Academic autopsy - the evaluation of the actions taken subsequent to a particular death or crisis (Zinner, 501).

Adolescent - an individual between the ages of 15 and 24 (Strother, 756).

Lethality - plan or instruments with which the adolescent intends to commit suicide (Deykin, 136-137).

Parasuicide - a non-fatal act in which an individual causes self-injury or ingests a substance in excess of any prescribed or generally recognized therapeutic dosage (Clum et al., 937).

Social desirability - the tendency of subjects to attribute to themselves personality statements with socially desirable scale values and to reject those with socially undesirable scale values (Strosahl et al., 449).

Stigma - a mark of shame or discredit (Webster, 861).

Suicide - the human act of self-inflicted, self-intentioned cessation of conscious life (Ross et al., 453).

Suicide cluster - suicides that occur close together in time and location (Strother, 757).

Suicide ideation - suicidal threats that have been expressed in overt behavior or verbalized to others (Beck et al., 345).

Suicidal intent - degree to which a student wishes to end his or her life (Deykin, 136).

ANNOTATIONS

IDENTIFICATION OF THE SUICIDAL ADOLESCENT

Allen, Bem P. "Youth Suicide." Adolescence 22 (Summer, 1987): 271-290.

The emphasis of this work by Allen was to provide information on the various aspects of suicide by a review of present literature. The following were listed as factors to consider when assessing possible suicides:

1. Various family problems
2. Difficulty with peer relationships
3. Weakness in coping with life's stresses due to birth trauma
4. Loss or lack of a confident
5. Technological advances
6. Acceptance of suicide
7. Mobility and rootlessness

The author discussed briefly the precipitating events and signs of the suicidal adolescent and then listed some intervention techniques that could be used by teachers and students.

Asarnow, Joan R., Gabrielle A. Carlson, and Donald Guthrie. "Coping Strategies, Self-perceptions, and Perceived Family Environments in Depressed and Suicidal Children." Journal of Consulting and Clinical Psychology 55.3 (1987): 361-366.

The authors conducted this research to determine the relationship of depression, suicide, and a children's ability to cope with stress. The hypothesis developed was that children that exhibited suicidal behavior and depression would tend to lack the ability to generate strategies for coping. Four different tests were used on children from the University of California, Neuro-psychiatric Institute to acquire data. The results of the four tests were analyzed using Spearman and Pearson correlations. Significant correlations were found between feelings of hopelessness and depression and suicidal behavior. In addition, the child's perception of home and family gave some indication of suicidal behavior. The authors concluded that a focus should be placed on the family and home environment when intervening with suicidal children.

Bauer, Ann M. and Thomas M. Shea. "The Teacher's Role With Children at Risk for Suicide." Educational Horizons 65 (Spring, 1987): 125-127.

Bauer and Shea began with a discussion of the following myths about suicide based on research conducted:

1. Children who talk about suicide did not commit suicide.
2. Suicide among children was rare.
3. Suicide occurred without warning.
4. Improvement after a suicidal crisis meant the risk was over.

From these myths they talked about some of the behavior and events leading to suicide such as chronic unhappiness, behavior changes, self-isolation from friends, and changes in speech patterns. The authors encouraged organization of a school suicide intervention team that would make referrals and provide death education and staff development programs that would supply information about the indicators of students at risk for suicide.

Bollen, Kenneth A. and David P. Phillips. "Imitative Suicides: A National Study of the Effects of Television News Stories." American Sociological Review 47 (December, 1982): 802-809.

This study focused on measuring whether the reporting of suicides on national Television caused a series of imitative suicides. There were two hypotheses:

1. Whether the increase in suicides occurs after a suicide story and not before
2. How long the rise in suicides persists after the appearance of a suicide story

An analysis was done comparing an experimental period with a control period. A second more thorough study was done to adjust for potential variables. The results supported both hypotheses. In addition, the findings indicated that suicide stories exert all or almost all of their effect within the first ten days.

Deykin, Eva. "Assessing Suicidal Intent and Lethality." Educational Horizons 62 (Summer, 1984): 134-137.

Deykin stated that the increase in suicide over the last 20 years has been aided by:

1. Fragmentation of the family
2. Geographic mobility
3. Increased percentage of adolescents
4. Limited employment opportunities
5. Society's acceptance of violence as a way of coping with frustration

The author felt, that because of their daily contact with students, teachers are in a unique position to perceive a suicidal student. A list of symtoms of suicidal adolescents was given, as well as how a teacher should approach those students. Deykin also provided the type of questions that should be asked. A recommendation was made for teachers to become involved in continuing education programs and support groups.

Gispert, Maria, Kirk Wheeler, Loralee Marsh, and Marilyn S. Davis. "Suicidal Adolescents: Factors in Evaluation." Adolescence 20 (Winter, 1985): 753-762.

This research work attempted to determine the relationship between the degree of depression in suicidal adolescents and the nature of their suicidal acts. A sample of 82 adolescents was studied. Data were compiled about demographics, school functioning, suicide attempt, and suicide risk. A modified version of the Children's Depression Rating Scale gave information on the degree of depression. Suicidal risk was determined by summing the responses to questions dealing with suicidal intent, lethality perception, and the adolescent's normal method of handling anger. The authors found that overt expression of anger was significantly related to the seriousness of a suicide attempt. The scores on the depression scale also correlated significantly with the suicide risk scale developed. Depression also correlated significantly with current and life-long stresses. In this limited example, the authors found a relationship between depression and the nature of suicidal acts.

Gould, Madelyn S., Ph.D., M.P.H., and David Shaffer, M.D. "The Impact of Suicide in Television Movies." The New England Journal of Medicine 315 (September, 1986): 690-693.

In the fall and winter of 1984-1985, four broadcasts dealing with suicide were aired on television. This research was done to coincide with those broadcasts to determine the effect of the programs on the suicide rate within two weeks of the broadcast. The sample came from an ongoing study from the Youth Suicide Research Unit at Columbia University. The average number of suicide attempts and completed suicides before the broadcasts was compared with the average number of attempts and completions during the two week period following the television shows. The average number of attempts and completions after the shows was significantly greater than the average before the broadcasts. This supported the hypothesis that broadcasts about suicide did create an imitative attitude in some teenagers. The only problem with this study was the limited sample used. The authors indicated that more research should be done on a nationwide sample.

Konopka, Gisela. "Adolescent Suicide." Exceptional Children 49 (February, 1983): 390-394.

Konopka listed some of the new experiences that adolescents face that make them vulnerable to suicide. Making up the list were:

1. The biological changes that begin with sexual maturity
2. Withdrawal from adult protection and the development of interdependence with others
3. New social experiences, both good and bad
4. Re-evaluation of given values

In order to help offset these factors, the author suggested adults should listen and share ideas and values with young people and prepare them for pain that is certain to occur during their lives.

Martin, Nancy K. and Paul N. Dixon. "Adolescent Suicide: Myths, Recognition, and Evaluation." The School Counselor 33 (March, 1986): 265-270.

This article was written to help identify the suicidal adolescent and to provide information about what to do once that identification had been made. The following myths were noted:

1. Attempters only try suicide once
2. Most suicides occur in winter
3. Most suicides occur at night
4. Most completed suicides leave notes

Major factors such as depression, truancy, disobedience, anger, and self-destructive behavior were given. The authors provided information on evaluating a situation where suicide ideation is present. The roles and responsibilities of school personnel were discussed in reference to crisis situations.

Phillips, David P., Ph.D. and Lundie Carstensen, M.S. "Clustering of Teenage Suicides After Television News Stories." The New England Journal of Medicine 315 (September, 1986): 685-689.

This study focused on the clustering effect of teenage suicides after television stories about suicides. Daily fluctuations of suicides before and after 38 news stories from 1973 to 1979 were analyzed. The hypothesis tested was that news stories do not affect the suicide rate. The increase in suicides was found to have a high correlation with the number of programs that carried the stories. The authors examined six alternative explanations which were not supported by the statistical analysis. Therefore, the conclusion drawn was that the suicide rate was affected by the news stories on suicide. Phillips and Carstensen also found that clustering occurred more among teenagers than adults, and that clustering appeared more strongly among females than males. The authors recommended that further analysis be done to determine the types of stories that caused clustering.

Ray, Lynda Y. and Norbert Johnson. "Adolescent Suicide." The Personnel and Guidance Journal 62 (November, 1983): 131-135.

Ray and Johnson began this article by discussing the following myths about suicide:

1. Adolescence is a trouble-free time of life
2. Those people who talk about committing suicide never do
3. There is a suicidal "type" of person

The causes of suicide were then discussed including depression, loss of a parent, and alienation from the family. Warning signs were divided into four broad areas: verbal, behavioral, situational, and syndromatic. A description of each was provided. The authors concluded with prevention techniques that could be used by teachers and counselors.

Rosenkrantz, Arthur, Ph.D. "A Note on Adolescent Suicide: Incidence, Dynamics, and Some Suggestions for Treatment." Adolescence 13 (Summer, 1978): 210-213.

Rosenkrantz stated that although suicide was in many cases an impulsive reaction, it was also the result of psychodynamic factors that had affected the adolescent over a longer period of time. The core factors that were pointed out that led to suicidal behavior were loss of love, the adolescent's interpretation of that loss in connection with his self-esteem, and a possible death bond with a parental figure. Since some form of loss was often the precipitating factor which triggered suicide, Rosenkrantz suggested that intervention be focused on helping the suicidal adolescent deal with that loss. Additionally, the suggestion was given that the possibility of some family treatment should be entertained because the family was such an integral part of the psychodynamics.

Strother, Deborah B. "Suicide Among the Young." Phi Delta Kappan 67 (June, 1986): 756-759.

Strother began this article by listing some of the risk factors for adolescents who attempted suicide. Included were symptoms of deliquency, family history of drug and alcohol abuse, aggression, and depression. The author noted that since adolescents spent so much time in school, educators could play a vital role in suicide prevention by knowing the risk factors and signals. Strother then discussed the research that had been done on the rising suicide rate, risk factors, suicide clusters, the impact of media, and the association of suicide behavior with psychiatric disorders. Different prevention programs in several states were noted along with warning signals given by adolescent suicide attempters.

Wasserman, Ira M. "Imitation and Suicide: A Reexamination of the Werther Effect." American Sociological Review 49 (June, 1984): 427-436.

Wasserman did this study to reexamine the appearance of suicide in newspapers and the subsequent rise in the suicide rate. Particular attention was paid to the findings of Phillips in this area. The author began with the hypothesis that not all stories of prominent suicides led to an increase in suicides, but only those suicides of national celebrities. Using Phillip's data with a different method of analysis, Wasserman found no significant link between suicide stories and a subsequent rise in suicides. However, in the case of celebrity suicides, there was a significant relationship. The conclusion reached was that only the published suicides of nationally known celebrities had an effect on the increase in suicides immediately after the publicity about the celebrity suicide appeared.

Wellman, Mary M. "The School Counselor's Role in the Communication of Suicidal Ideation by Adolescents." The School Counselor 32 (November, 1984): 104-109.

Wellman referred to a five-stage model of suicidal behavior that adolescent suicides followed. Each stage was discussed with a few examples of case histories to illustrate each stage. The author then moved to a discussion of the verbal communication of the suicidal adolescent. The initial step was chacterized as a period of verbal communication with trusted people, followed by a period of silence in which a lethal suicide was attempted. Wellman gave a list of ten verbal and behavioral messages that adolescents give. The article finished with the steps to be taken when a student at risk was identified.

Wright, Loyd S. "Parental Permission to Date and Its Relationship to Drug Use and Suicidal Thoughts Among Adolescents." Adolescence 17 (Summer, 1982): 409-418.

This study was designed to investigate the relationship between suicidal thoughts and drug abuse, alcohol problems, and family stress. A questionnaire was distributed to a group of high school students and freshman college students. Wright found that childhood events continued to impact adolescents. Those students with suicidal thoughts were found to be six times more likely to report alcohol or drug abuse, which was consistent with previous research. Having found what he felt was a significant correlation between family stress, alcohol and drug abuse and suicidal thoughts, Wright pointed out that this suggested a need for more comprehensive counseling services, hot lines, and suicide prevention networks.

PREVENTION OF ADOLESCENT SUICIDE

Beck, Aaron T., Maria Kovacs, and Arlene Weissman. "Assessment of Suicidal Intention: The Scale for Suicidal Ideation." Journal of Consulting and Clinical Psychology 47 (April, 1979): 343-352.

The authors developed the Scale for Suicidal Ideation because many standard psychological tests had not been found to be valid predictors of adolescents at risk for suicide. This scale was designed as a research tool to be used as a predictor for suicide ideators. Primary emphasis focused on relevant psychological variables. The 19 items on the scale measure the depth of suicidal thought, the extent of the wish to die, the desire to commit suicide, and the details of the plan to commit suicide. An assessment of the Scale for Suicidal Ideation was made indicating that the internal consistency was high along with moderately high correlations with clinical ratings of suicidal risk. The authors concluded that the Scale for Suicidal Ideation could help the clinician regarding the depth of suicidal intent of clients.

Clark, David C., Ph.D., Michael A. Young, Ph.D., William A. Schefter, M.D., Jan Fawcett, M.D., and Louis Fogg, Ph.D. "A Field Test of Motto's Risk Estimator for Suicide." American Journal of Psychiatry 144 (July, 1987): 923-926.

The authors conducted a field test of Motto's Risk Estimator for Suicide to determine the validity of the scale. A total of 593 subjects were sampled similar to those diagnostically that Motto used. All of the appropriate variables were sent to Motto, who selected a subset that corresponded best to the risk estimator for suicide. The authors' sample showed a significantly lower suicide rate than those of Motto's sample. Possibly this was due to sample size differences and the diagnostic incompatibility of the two samples. Still, some questions were raised about the likelihood that suicide scales obtained by a large number of variables may be arbitrary and pertain only to that sample.

DeLisle, James R. "Death With Honors: Suicide Among Gifted Adolescents." Journal of Counseling and Development 64 (May, 1986): 558-560.

The author listed the following factors that may affect the gifted adolescent and cause possible suicidal behavior:

1. The desire to accept nothing but perfection and the frustration that occurs when perfection is not attained
2. The pressure of being called the future leaders and problem solvers by adults
3. Physical, social, and emotional development runs behind intellectual development
4. Understanding adult problems, but being unable to do anything about the outcomes

DeLisle recommended the following intervention strategies:

1. Assessment needs to be done
2. The adolescent needs to be confronted directly
3. Discuss common complaints and problems of gifted adolescents
4. Follow through on any commitment made

Dew, Mary A., Evelyn J. Bromet, David Brent, and Joel B. Greenhouse. "A Quantitative Literature Review of the Effectiveness of Suicide Prevention Centers." Journal of Consulting and Clinical Psychology 55 (April, 1987): 239-244.

The research of this article was designed to analyze the effectiveness of suicide prevention centers. Studies from the Psychological Abstracts were chosen for analysis in three areas:

1. Proportion of suicides among clients
2. Proportion of clients among suicides
3. Community suicide rate

The results of the analyses indicated that clients of suicide centers are at higher risk than the general population. Also those people who committed suicide were more likely than people in the general population to contact suicide centers.

Grob, Mollie C., Arthur A. Klein, and Susan V. Eisen. "The Role of the High School Professional in Identifying and Managing Adolescent Suicidal Behavior." Journal of Youth and Adolescence 12.2 (1983): 163-173.

The purpose of this research was to assess the knowledge of high school professionals regarding suicide. Eighty respondents from twelve public schools were selected to take part. The respondents were asked to identify risk factors, behaviors, and other warning signs of suicide. The respondents were then asked to list factors in the familial, individual, or sociocultural areas that might contribute to adolescent suicide. Reactions of others and management issues were a third area to which the sample made responses. The results of the study indicated that the professionals surveyed had a relatively good understanding of most areas of identification. The difficulty arose in the area of intervention techniques where the respondents recognized problems following identification. The authors stated that more education of the professionals in the area of intervention was needed.

Hunt, Claire. "Step by Step: How Your Schools Can Live Through the Tragedy of Teen Suicide." The American School Board Journal 174 (February, 1987): 34+

Hunt outlined the establishment of a suicide prevention plan that centered on three areas: reaction to suicide, intervention techniques, and prevention strategies. The response plan was outlined for four days which was the approximate time it took for everything to return to normal. The intervention plan focused mainly on teaching the staff to recognize suicidal teenagers. The major focus was on prevention. Various ways of aiding students were discussed:

1. A buddy system
2. A new students club
3. A wallet-sized ID card
4. A card with local agencies telephone numbers

Hunt also noted that suicide was a community problem and not just a school problem.

Konet, Richard J. "Developing a Suicide Intervention Program in Your School." NAASP Bulletin 70 (February, 1986): 51-54.

The author began this article with a twelve step process of developing a suicide prevention program within a school setting. The procedure for making referrals was outlined, and the steps that were followed after the referral was made were enumerated. The need for student representation was discussed. Konet concluded by listing these final concerns:

1. Patience was necessary to make the program work.
2. Organizing and planning had to be carefully done in order to educate staff and gain credibility among students.
3. A community support program needed to be developed.

Linehan, Marsha M., Judith L. Goodstein, Steven Lars Nielson, and John A Chiles. "Reasons for Staying Alive When You Are Thinking of Killing Yourself: The Reasons for Living Inventory." Journal of Consulting and Clinical Psychology 51 (April, 1983): 276-286.

This research developed out of the premise that one of the factors that differentiated between suicidal and non-suicidal persons was their belief system. The Reason for Living Inventory was designed and tested to demonstrate that suicidal individuals could be identified. Six sets of reasons emerged: (a) Survival and Coping, (b) Responsibility to Family, (c) Child-related Concerns, (d) Fear of Suicide, (e) Fear of Social Disapproval, and (f) Moral Objections. The authors discussed each of these areas in detail. The conclusions drawn indicated that treatment for suicidal individuals should be focused upon teaching a new belief system based on the beliefs contained in the Reasons for Living Inventory.

McKendry, Patrick C., Carl L. Tishler, and Karen L. Christman. "Adolescent Suicide and the Classroom Teacher." The Education Digest 46 (September, 1980): 43-45.

The authors provided the following list of behavioral changes that the suicidal adolescent might exhibit:

1. Change in appearance from good to bad
2. Somatic complaints
3. Inability to concentrate
4. Dramatic shift in work quality
5. A sense of guilt and shame

The authors also indicated that different life crises such as death or divorce might precipitate a suicidal episode. With additional training, the teacher could play a more active role in suicide prevention, going as far as participating in a suicide center "hot line." McKendry, Tishler, and Christman felt that teachers need to be more aware of the at risk suicidal student.

Miller, I. W., W. H. Norman, M. D. Dow, and S. B. Bishop. "The Modified Scale for Suicidal Ideation: Reliability and Validity." Journal of Consulting and Clinical Psychology 54.5 (1986): 724-725.

This article discussed the development of a modified version of the scale for Suicidal Ideation. The modified scale was obtained by including several items assessing different aspects of suicidal thinking, adding standardized prompt questions, and developing initial screening items and scores that allow quick administration. In order to check reliability and validity, two studies were conducted. The results of the studies indicated that the Modified Scale for Suicidal Ideation was able to discriminate between attemptors and non-attempters and was useful in determining suicidal ideation.

Monahan, Richard T., "Suicidal Children's and Adolescent's Responses to Early Memories Test." Journal of Personality Assessment 47.3 (1983): 258-264.

This research team administered the Early Memories Test to three different groups of suicidal children and adolescents: talkers, attempters, and controls. Four hypotheses were made:

1. Suicidal children would be unable to remember as many early memories as the controls.
2. Suicidal children would not have as many pleasant memories as the controls.
3. Suicidal children would demonstrate less interaction of a gratifying nature with their parents.
4. Suicidal children would picture themselves as having had a more active early life.

The results appeared to support none of the hypotheses, yet Monahan stated that the overall data demonstrated some clinically important differences in the early childhood memories of suicidal and non-suicidal children.

Nelson, Franklyn. "Evaluation of a Youth Suicide Prevention School Program." Adolescence 22 (Winter, 1987): 813-825.

This study was done to determine the effectiveness of a suicide prevention program established by the California legislature in 1983. The Curriculum Assessment Instrument was administered to 180 students in eight pilot schools prior to their participation in the suicide prevention program. The same instrument was administered to a comparable group after participation in the suicide prevention program. Additional data were obtained from other students, parents, and teachers who had previously received the same training. Results indicated that the group that completed the curriculum revealed a significantly higher level of knowledge about youth suicide prevention. The data from those students, parents, and teachers who completed the program indicated that the suicide prevention curriculum had a positive effect and would aid in the prevention of future suicide.

Ojanlatva, Ansa, Angela M. Hammer, and Myron G. Mohr. "The Ultimate Rejection: Helping the Survivors of Teen Suicide Victims." Journal of School Health 57 (May, 1987): 181-182.

This article began with a discussion of the emotions that the survivors of a suicide needed to confront. The primary emotions mentioned were sadness, anger, and guilt. Educational and administrative guidelines were suggested in order to provide aid when a suicidal episode took place. Because of the possibility of imitative suicides and to aid administrators in their roles, the authors recommended that written policies and procedures for suicide prevention and intervention be established. Included in these procedures should be an action plan for staff, a plan for working with students, and a response to the parents of the deceased.

Petrie, Keith and Kerry Chamberlain. "Hopelessness and Social Desirability as Moderator Variables in Predicting Suicidal Behavior." Journal of Consulting and Clinical Psychology 51 (August, 1983): 485-487.

This article examined the possibility that social desirability may affect the results obtained from the Hopelessness Scale. The subjects of this study completed the Hopelessness Scale, the Crowne-Marlowe Social Desirability Scale, and the Zung Depression Scale within two days of a suicide attempt. Hopelessness, social desirability, depression, and a combination of two of the three were correlated to determine the effect of social desirability. The findings were that when social desirability was deleted, the relationship between hopelessness and suicide did not change. Therefore, the conclusion was that social desirability does not affect the Hopelessness Scale, and that the scale could be used to be a predictor of suicidal behavior.

Rickgarn, Ralph L.V. "Youth Suicide: Update on a Continuing Health Issue." Educational Horizons (Spring, 1987): 128-129.

Rickgarn began this article with a review of suicide over the last 25 years. He provided statistics regarding the racial patterns of suicide and the violent methods used in committing suicide. Also noted was the the increase in rural suicide. Reference was made to the inability to determine what impact prevention and intervention techniques were having on reducing the number of suicides and attempts. The author gave an example of an in-school suicide prevention program that was having a positive effect. Rickgarn concluded by stressing the need to involve the total community in the prevention of suicide.

Siegel, Karolynn. "Society, Suicide, and Social Policy." Journal of Psychiatric Treatment and Evaluation 4 (1982): 477-478.

Siegel raised a question regarding whether suicide centers were reducing the suicide rate. The following facts from a review of literature were listed:

1. Suicide centers had no demonstrable effect on the suicide rate of their communities.
2. In Chicago the typical caller was a young, black female, and the characteristic suicide was an elderly, white male.
3. In Los Angeles less than 2% of completed suicides called the center.

Siegel suggested a restructuring and reorientation of suicide centers to reach the population they desired to reach-the isolated, marginal, peripheral individuals. Centers needed to be changed to accommodate the lifestyle of the completed suicide.

Watson, Charles G., William G. Klett, and Carol Walters. "Identification of Suicidal Episodes With the MMPI." Psychological Reports 53 (1983): 919-922.

This research article was written because of the inability of the Minnesota Multiphasic Personality Inventory (MMPI) to predict suicide. Even though previous research had confirmed this fact, many psychologists frequently used the MMPI for this purpose. The authors' research focused on trying to discover if the MMPI might better be able to indicate the onset of suicidal episodes rather than suicide itself. The MMPI scores of 25 subjects who committed suicide within two months of taking the MMPI were compared with the MMPI scores of 71 subjects who committed suicide three or more months after taking the MMPI. The results obtained were too insignificant to indicate whether the MMPI could be used to be an identifier of possible suicidal episodes.

Zinner, Ellen S. "Responding to Suicide in Schools: a Case Study in Loss Intervention and Group Survivorship." Journal of Counseling and Development 65 (May, 1987): 499-501.

The author gave guidelines for addressing group survivorship for students and teachers. It was recommended that intervention with survivors take place as soon as possible before the funeral to provide an outlet for venting feelings. The importance of group discussion was to make sure that no rumors or secrets could divide the group. Another reason for group counseling was that counselors could listen for guilt or extreme emotional reactions. Zinner indicated that loss intervention helps group members to make a better response to the death. An academic autopsy, an evaluation of the actions taken subsequent to a suicide, was recommended to determine how well the staff and faculty responded to the suicide.

TREATMENT OF THE SUICIDAL ADOLESCENT AND THE SUICIDE SURVIVORS

Fujimura, Laura, David M. Wels, and John R. Cochran. "Suicide: Dynamics and Implications for Counseling." Journal of Counseling and Development 63 (June, 1985): 612-615.

Initially this article discussed the dynamics of suicide from a sociological and psychological point of view. The second area covered was the profile of the suicide attempter with a list of the characteristics and lethality given. Principles of crisis intervention were listed for the counselor. The authors gave some considerations for use in the prevention stage of counseling. Particularly stressed was the necessity for follow-up with a suicidal client even after the crisis situition had passed. A discussion of legal and ethical issues for counselors focused on the issues of negligence, confidentiality, forceability, and control. It was recommended that the counselor undergo training for suicide prevention and intervention skills, obtain adequate supervision, and know when, how, and where to refer clients whose concerns fell outside the counselor's scope of training.

Greuling, Jacqueline W. and Richard R. DeBlassie. "Adolescent Suicide." Adolescence 15 (Fall, 1980): 589-601.

The authors investigated the factors, prevention, and treatment of suicide from the literature available. Following a discussion of the factors contributing to suicide, it was noted that counseling was not well developed in schools. As a result treatment of the suicidal adolescent needed to be done elsewhere. The authors went on to a discussion of some important points to consider when treating the suicidal adolescent. A list of critical determiners of communication was provided as follows:

1. Feelings toward authority figures
2. Feeling of trust
3. Commonality of values
4. Language compatibility
5. Feeling of involvement and commitment
6. Logistics

Hipple, John. "Group Treatment of Suicidal Clients." Journal for Specialists in Group Work 7.4 (1982): 245-250.

The focus of this article was on the discussion of the use of group therapy to aid in the treatment of suicidal individuals. Three positive theraputic factors listed were support from group members, gaining insight into precipitating events, and implementation of new coping strategies. Hipple made recommendations regarding the selection of therapists and their style of conducting therapy, selection of the clientele for therapy, group limits, and the primary topics for discussion. The last area of group therapy that was discussed was the area of potential difficulties. Five difficulties were listed that the therapist needed to be aware of: (a) the need for therapists to be prepared for crisis situations, (b) the need for a physician to handle voluntary hospitalizations, (c) the need for an on-call system, (d) a suicide attempt by a group member, and (e) the suicide of a group member.

Morgan, Lewis B. "The Counselor's Role in Suicide Prevention." The Personnel and Guidance Journal 59 (January, 1981): 284-289.

Morgan wrote this article so that counselors could recognize potential suicidal behavior and intervene with appropriate prevention techniques. The following signs of suicide were given:

1. Verbal signs
2. Behavioral clues
3. Situational clues
4. Syndromatic signs

The suicide signals of the American Association of Suicidology were enumerated as follows: suicide threats, a suicide attempt, prolonged depression, dramatic personality changes, and making final arrangements. Counselors were encouraged to use contracting and support systems made up of families and clergy. Morgan also advocated a program of self-analysis, video-taping, personal growth, and demonstration-based evaluating for potential counselors.

Ross, Joseph F., M.D., F.A.C.P., et al. "The Management of the Presuicidal, Suicidal, and Postsuicidal Patient." Annals of Internal Medicine 75 (1971): 441-458.

This article was an edited transcript of the Interdepartmental Clinical Conference arranged by the Department of Medicine, Division of Hematology, UCLA School of Medicine. Wahl spoke on the psychodynamics of suicide and gave motives that were prevelant among suicidal individuals. Particular attention was focused on the perception of death that a suicidal person had. Wahl also discussed what to do in the psychological care of the postsuicidal patient and the importance of the manner exhibited by the counselor. Shneidman discussed prevention, intervention, and postvention. He mentioned the importance of knowing the behavioral or verbal clues to suicide. Also stressed was the fact that all that was needed to prevent suicide were sharp eyes and ears, a little wisdom, and the ability to act with deep resolve. Shneidman finished with the comment that postvention treatment was preventative treatment for the next generation.

Shneidman, Edwin S., Ph.D. "Postvention: The Care of the Bereaved." Suicide and Life-Threatening Behavior 11 (Winter, 1981): 349-359.

Shneidman began this article by listing some of the reactions that survivor victims felt. It was noted that survivors were obsessed with thoughts about death, seeking reasons, casting blame, and often punishing themselves. A discussion of postvention as a help over a longer period of time was given. Postvention was described as being necessary in order to provide an outlet for the expression of guarded emotions such as anger, shame, and guilt. Some characteristics of a postventive session were given. The article concluded with a list of principles to follow in postvention counseling.

Wrobleski, Adina. "The Suicide Survivors Grief Group." Omega 15.2 (1984-85): 173-183.

In the opening paragraphs, the Suicide Survivors Grief Group structure and function was described. The author discussed many of the problems that survivors must face:

1. Coping with the method of death
2. Shock and bewilderment
3. Societal stigma
4. Denial of cause

Wrobleski proceeded to a discussion of the stages of grief experienced by survivors and the need for therapy and support. In spite of the benefits of group therapy, there were some problems mentioned. Compulsive talkers, persons with only an evangelical approach to every situation, and those persons who attended only a few times were primary problems that were encountered.

SOCIETAL ATTITUDES TOWARD SUICIDE

Boldt, Menno, Ph.D. "Normative Evaluations of Suicide and Death: A Cross Generational Study." Omega 13 (1982): 145-157.

This study was done in order to better understand the possible causal factors contributing to the increasing suicide rate among adolescents. The research was done over two inter-familial generations using 114 respondents in a large Canadian city. The study answered a number of questions. It was found that the attitude of the parental generation regarding the morality of suicide changed from the time they were youths. The predominant feeling of both the younger and the parental generations was that suicide was a result of mental illness. The stigma of suicide was less inhibiting in the youthful generation than in the parental generation, and the youthful generation perceived suicide as the individual's prerogative.

Calhoun, Lawrence G., James W. Selby, and Michael E. Faulstich. "Reactions to the Parents of the Child Suicide: A Study of Social Impressions." Journal of Consulting and Clinical Psychology 48 (August, 1980): 535-536.

This research was designed to investigate the reactions of a selected sample of respondents to the parents of a child who committed suicide. One hundred nineteen respondents were asked to react to a newspaper story about a child who committed suicide and a story about a child who died by illness. An analysis of the responses resulted in the following:

1. The suicidal child was perceived as being more mentally ill.
2. The parents of the suicidal child were blamed for the child's death.

The authors concluded that a family grieving over a suicide was less likely to receive overt social support. Additionally, parents of a child suicide would face a greater degree of negative social impressions. It was suggested that the parents of a child suicide needed to be counseled with this in mind.

Calhoun, Lawrence G., James W. Selby, and Carol B. Abernathy. "Suicidal Death: Social Reactions to Bereaved Survivors." Journal of Psychology 116 (March, 1984): 255-261.

This article researched the difference between the reactions of persons who knew people bereaved by suicide and the reactions of persons who knew people bereaved by an accidental death or by a death from natural causes. Thirty-five persons were interviewed, and their answers were tabulated along with a seven-point rating scale assessing difficulty in expressing sympathy to a surviving family at a funeral. The analysis indicated that there was more discomfort interacting with the survivors of a suicide. Suicides were viewed as a type of death that was more stigmatizing, and if the respondent knew the bereaved, the cause of death played a lesser role in the reaction to the survivors than if the family was not known personally.

Domino, George, Daniel Moore, Laurie Westlake, and Linda Gibson. "Attitudes Toward Suicide: A Factor Analytic Approach." Journal of Clinical Psychology 38 (1982): 257-262.

This article presented an attempt at developing an instrument that would measure an individual's attitude toward suicide. A questionnaire was designed and administered to a group of 285 adults under conditions of anonomity. The analysis of the responses yielded 15 factors that were considered to be both reliable and meaningful. These factors were discussed by the authors in detail. The conclusion was that the questionnaire was a valid instrument for gauging community attitudes toward suicide. The questionnaire was called the Suicide Opinion Questionnaire (SOQ).

Domino, George and Barbara Swain. "Recognition of Suicide Lethality and Attitudes Toward Suicide in Mental Health Professionals." Omega 16.4 (1985-86): 301-307.

A total of 280 respondents from eight different professional groups were administered the Suicide Opinion Questionnaire and a thirteen item recognition of suicide lethality scale to determine the relationship between knowledge about lethality and attitudes toward suicide. The resulting responses were tabulated and analyzed and the groups were ordered according to their ability to recognize signs of suicide lethality. It was found that psychiatrists, psychologists, and crisis interventionists scored highest and counselors and clergy scored the lowest. The authors concluded that the results indicated that additional education was needed for those in counseling and pastoral work. A secondary conclusion made was that mental health professionals who recognize a greater number of signs of suicide tended to perceive suicide as acceptable.

Domino, George, Valarie Domino, and Travis Berry. "Children's Attitudes Toward Suicide." Omega 17.4 (1986-87): 279-285.

The Suicide Opinion Questionnaire was administered to 116 junior high school students to determine their attitudes toward suicide. The number of questions was reduced in order to eliminate questions that required complex judgments or adult level understanding. Analysis of the responses indicated that the students related depression but not mental illness to suicide. Most realized that many suicide attempts end in death and that unsuccessful attempts were a "cry for help." In the event of an incurable disease a majority did not see suicide as a solution. The results obtained agreed with the results acquired in previous studies with adult respondents.

Droogas, Athena, Roland Siiter, and Agnes N. O'Connell. "Effects of Personal and Situational Factors on Attitudes Toward Suicide." Omega 13 (1982): 127-143.

The authors investigated how different factors might influence the attitudes of people toward individuals and circumstances surrounding suicides. A review of literature was done with particular attention paid to the attitudes toward suicide. The review of this literature enabled the authors to formulate four hypotheses which were tested among a group of undergraduate students. After analyzing the results, the authors concluded that respondents tended to regard physical pain and suffering to be more justifiable motives for suicide than motives based upon mental anguish. The study was weak from the standpoint that the suicidal case studies used were only male case histories. The authors stated that additional research needed to be done with female case histories.

Ginsburg, G. P. "Public Conception and Attitudes About Suicide." Journal of Health and Social Behavior 12 (September, 1971): 200-207.

In this study residents of a Nevada city were asked to respond to a questionnaire about suicide. The questionnaire focused on three areas:

1. The respondent's knowledge of and attitude toward suicide
2. Personal acquaintance with an attempted or completed suicide
3. Knowledge of suicide prevention agencies

The analyzed data pointed to the fact that most people felt suicide was a shameful act. Many of the respondents did not agree that a person had the right to commit suicide. Ginsburg recommended that because of the social disgrace of suicide, health officials needed to keep in mind the mental torment the survivors might experience when providing counseling.

Kalish, Richard A., Ph.D., David K. Reynolds, Ph.D., and Norman Farberow, Ph.D. "Community Attitudes Toward Suicide." Community Mental Health Journal 10.3 (1974): 301-308.

After reviewing the literature, the authors determined that very little research had been done regarding the attitudes of society toward various aspects of suicide. This research dealt with the attitudes of persons of various ages, sex, and education. Respondents answered questions from a questionnaire that incorporated a number of questions about suicide. All groups of age, sex, and education looked upon suicide as being less of a tragedy than an accident, homicide, or wartime death. Over one-third of the subjects considered mental illness as the primary reason for suicide. Almost 40% of those surveyed felt that a suicide threat was a call for help. Very few respondents listed a suicide center as first choice of contact in the event of an impending suicide. The authors were very non-committal regarding what the data indicated. It was suggested that the research pointed out how far suicide prevention had come ar how far it had to go.

Limbacher, Mary and George Domino. "Attitudes Toward Suicide Among Attempters, Contemplators, and Nonattempters." Omega 16.4 (1985-86):325-334.

The Suicide Opinion Questionnaire was administered to a sample of undergraduates at a southwestern university. Three issues were being investigated:

1. Familiarity with suicidal persons produced a tolerant attitude toward that suicidal person.
2. A suicide attempt gave the perception of lethality.
3. A suicidal person was perceived to be mentally ill.

The analysis revealed that attempters and contemplators were more accepting of suicide than nonattempters. Secondly, attempters were more likely than contemplators to believe that suicide attempters really intended to die. Nonattempters were least likely to belive a suicide attempt to become lethal, and considered the attempt to be nothing more than manipulative behavior. Suicide was seen as impulsive behavior by attempters and contemplators and as mental illness by nonattempters. The authors indicated that the ability of the Suicide Opinion Questionnaire to predict attitudes about suicide was supported.

Rudestam, Kjell E. and Doreen Imbroll. "Societal Reactions to a Child's Death by Suicide." Journal of Consulting and Clinical Psychology 51 (June, 1983): 461-462.

This research was conducted to determine the reactions to a child's death by suicide. One of four versions of a child's death was shown to respondents:

1. By bone marrow disease
2. By automobile accident
3. By barbituate overdose
4. By hanging

The results indicated that respondents perceived the suicidal child as being more emotionally disturbed and as coming from a more disturbed environment than the other children. The parents were blamed more when the death occurred by suicide. The authors concluded that the parents of suicidal children faced the stress of societal blame and reduced social support.

SUMMARY

The study of research available revealed that adolescent suicide could be identified and avoided in many cases. Bauer and Shea and Martin and Dixon reviewed many of the myths that surrounded suicidal behavior and contributed to the inability of many persons to realize that a suicide attempt was about to occur.

Research noted common factors that contributed to adolescent suicides. Allen and Rosenkrantz listed numerous psychodynamic factors that were predominate in suicidal adolescents. Societal changes such as mobility and family breakdown were found by Deykin to be significant factors leading to suicidal behavior.

One of the more prevalent factors found in studying suicidal tendencies was depression. Gispert, Wheeler, Marsh, and Davis conducted research in this area to determine the relationship of the degree of depression to lethality. The connection between an adolescent's ability to cope with stress, depression, and suicide was studied by Asarnow, Carlson, and Guthrie.

Behavioral signs such as drug and alcohol abuse were researched by Wright and Strother to determine the relationship to suicide. In addition to the behavioral symptoms, Wellman spoke of the verbal messages adolescents gave when comtemplating suicide.

Another area investigated by researchers was how television broadcasts about suicide affected the suicide rate. Bollen and Phillips, Gould and Shaffer, and Wasserman evaluated whether these television programs caused clusters of adolescent suicides.

Many researchers investigated the use of tests to predict which

adolescents had possible suicidal tendencies. Beck, Kovacs, and Weissman developed the Scale for Suicide Ideation, and Miller, Norman, Dow,and Bishop modified the scale to include other aspects of suicide ideation not previously covered. Monahan related adolescents' responses on the Early Memories Test to the degree of suicidal nature. The Minnesota Multiphasic Personality Inventory was evaluated by Watson, Klett, Walters, and Laughlin in order to determine the consistency of the test in predicting suicidal adolescents. The amount of social desirability affecting the Hopelessness Scale was researched by Petrie and Chamberlain to ascertain if social desirability limited the use of the scale. Motto's Risk Estimator for Suicide was tested by Clark, Young, Schefter, Fawcett, and Fogg to determine the validity of Motto's hypothesis that the risk estimator could positively differentiate between persons in groups expressing higher or lower degrees for completed suicide. Linehan, Goodstein, Nielson, and Chiles developed a Reasons for Living Inventory that differentiated between a suicidal and a non-suicidal individual by focusing on the differences of the belief systems of each.

In addition to the above tests, suicide centers were discussed as a means to prevent suicide. Research by Siegel and Dew, Bromet, Brent, and Greenhouse focused on the success of suicide centers in the area of effectively helping to control the increase in suicides. According to Rickgarn, the difficulty in determining the effectiveness of suicide programs centered on the fact that there was no way of measuring how many suicides had been prevented.

Programs of prevention and intervention for schools were

presented by a number of authors. Nelson, Grob, and Konet studied the development of plans that stressed the need to educate students and school personnel in prevention techniques. DeLisle and McKendry, Tishler, and Christman enumerated intervention strategies for teachers that encouraged active participation in various ways.

Different strategies were suggested in the event a suicide occurred. Plans of action were proposed by Zinner, Hunt, and Ojanlatva, Hammer, and Mohr which concentrated on working with students, parents, and teachers. It was stressed that schools needed to have these plans in place before, not after a suicide occurs.

Research concerning the counselor's role focused on the areas of treating the suicidal adolescent and treating the survivors of the suicide. Contracting and developing support systems within families were two methods suggested by Morgan when counseling the suicidal adolescent. The problems of legal and ethical issues as well as the issues of confidentiality and negligence were considered by Fujimura, Weis, and Cochran. A group method of counseling discussed by Hipple gave a number of reasons which indicated a group approach to counseling suicidal adolescents could be advantageous. From their review of literature Greuling and DeBlassie listed a number of aspects of communication to consider when treating a suicidal individual.

Postvention with the survivors of an adolescent suicide was discussed by Wrobleski and Shneidman. The stages of grief were enumerated along with the problems faced by the survivors. A particularly difficult problem to face was the societal stigma

attached to suicide.

According to the research of Kalish, Reynolds, and Farberow, suicide was viewed as being less tragic than an accident or homicide, and over one-third considered the primary reason for suicide to be mental illness. Ginsburg in his study found most people considered suicide to be a shameful act. In their research, Rudestam and Imbroll discovered that when a child committed suicide, the members of the community perceived the child as being emotionally disturbed or as coming from a disturbed home environment. In addition, the parents were blamed for the suicide. These same results were discovered by Calhoun, Selby, and Faulstich (1980) in their study on societal reactions to suicide. In a later inquiry, Calhoun, Selby, and Abernathy (1984) determined that the reaction to suicide became more tolerant if the respondents were acquaintances of the survivors.

Domino, Moore, Westlake, and Gibson (1982) designed a Suicide Opinion Questionnaire to be used in the assessment of societal attitudes about suicide. The questionnaire was tested and found to be an effective instrument for assessing attitudes toward suicide. Domino, Domino, and Berry and Limbacher and Domino then used this instrument to test the attitudes of children and the attitudes of attempters, contemplators, and nonattempters toward suicide.

CONCLUSIONS

The results of the research pointed to the necessity of education regarding the myths of suicide. Program development for staff to provide information and education was recommended by Ray and Johnson and Allen. Deykin and Strother stressed that since they spent so much time with adolescents, teachers and school personnel were in the best position to perceive suicidal tendencies.

Konopka concluded that sociological factors of the adolescent played a major part in the vulnerability of adolescents' feelings. In Wright's study, alcohol and drug abuse had a significant correlation with suicidal thoughts, and Gispert, Wheeler, Marsh, and Davis found a significant relationship between depression and suicide risk. Since the perception of the family environment was an integral part of the adolescent's behavior and attitude, Rosenkrantz and Asarnow, Carlson, and Guthrie suggested that the family be included as part of the treatment program for suicidal attempters.

The research of Bollen and Phillips (1982), Gould and Shaffer (1986), and Phillips and Carstensen (1986) reached the conclusion that television broadcasts about suicide did cause imitative suicides to take place. However, Wasserman (1984) concluded that only the broadcasts of suicides of nationally known celebrities caused imitative suicides. All of the researchers indicated additional work needed to be done on a larger scale.

Most of the researchers who developed or used tests to predict suicidal behavior found that the tests furnished significant enough correlations to warrant use of the tests. The exceptions were the

research of Watson, Klett, and Walters regarding the Minnesota Multiphasic Personality Inventory and the research of Clark, Young, Schefter, Fawcett, and Fogg regarding Motto's Risk Estimator for Suicide. The authors of these two studies conclude that the results of the research were too insignificant and that further study was needed.

School prevention and intervention programs were recommended by Hunt along with a response plan in the event a suicide did occur. Ojanlatva, Hammer, and Mohr advocated that the response plan be written down so that confusion would not occur at the time that order is most needed. According to DeLisle, teacher participation was a necessity in order to have the prevention and intervention plans work. Zinner noted that the task of the school counselor was to be available for students to vent feelings in the event a suicide did take place.

Fujimura, Weis, and Cochran focused on the need for follow-up after a crisis situation when counseling the suicide attempter. When counseling the family survivors of a suicide, the focus switched to the stigma attached to suicide.

The research done regarding the reaction of society to suicide produced a trend of more tolerance toward suicide in those who had familiarity with a suicidal indivdual. Domino, Domino, and Berry found in their study that respondents related suicide to depression rather than to mental illness. Domino and Swain found mental health professionals to be more accepting of suicide . Boldt's research discovered a less judgmental attitude in the youthful generation included in his study.

RECOMMENDATIONS

It is recommended that:

1) Teachers become familiar with the myths, factors, and warning signs of adolescent suicide. The effort must be put forth to become more cognizant in these areas to have the capability to assess those students within the classroom who may become potential suicide victims. Teachers should strive to become actively involved with their students in order to be more sensitive to the needs expressed by the students.

2) Schools focus not only on the education of staff, school personnel, and administration, but also on the education of the student population. By educating students the prevention of adolescent suicide will be further enhanced.

3) Schools need to enact prevention, intervention, and response plans to be put into motion as necessary. This includes having the responsibilities of counselors, teachers, administration, and students written down in order to avoid confusion and delay in the event the plans need to be quickly implemented.

4) Schools should strive to involve the community in any suicide programs enacted. It should be stressed that the prevention of suicide needs to be a community concern, not only a school concern.

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